



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, NJ 07101
(973) 504-6380



**Instructions to Apply for
Reinstatement/Reactivation of Licensure
as an Accountant**

This page must accompany your submission. Complete the application and submit the following items to the Board's office:

1) Fees (Check one and submit a check or money order payable to the N.J. State Board of Accountancy):

- ☐ Reinstatement from Expired Status to Active Status
 - a. Payment of the past delinquent license renewal fee of \$90.00 (\$50.00 for Public School Accountant) per lapsed licensure period;
 - b. Payment of the current triennial license renewal fee of \$90.00 (\$50.00 for Public School Accountant); and
 - c. Payment of the reinstatement fee of \$150.00.
- ☐ Reinstatement from Expired Status to Inactive-Paid Status
 - a. Payment of the past delinquent license renewal fee of \$45.00 per lapsed licensure period;
 - b. Payment of the current triennial license renewal fee of \$45.00; and
 - c. Payment of the reinstatement fee of \$150.00.
- ☐ Reinstatement from Inactive (Unpaid) Status to Active Status
 - a. Payment of the current triennial license renewal fee of \$90.00 (\$50.00 for Public School Accountant); and
 - b. Payment of the reinstatement fee of \$150.00.
- ☐ Reinstatement from Inactive (Unpaid) Status to Inactive-Paid Status
 - a. Payment of the current triennial license renewal fee of \$45.00; and
 - b. Payment of the reinstatement fee of \$150.00.
- ☐ Reinstatement from Inactive-Paid Status: \$45.00

2) Proof of Competency (Required if you are reinstating to active status or reactivating):

- a. Continuing Professional Education (C.P.E.) Credit Summary Sheet (Note: The Board will not accept any other form, printout, or spreadsheet in lieu of the enclosed form. However, the form can be recreated for ease of data entry. Do not add additional columns and avoid illegible fonts and font sizes.)
- b. Satisfactory Proof of C.P.E. [See N.J.A.C. 13:29-6.8] (Note: C.P.E. credits cannot be more than three (3) years old from the date you submit a completed application.)

Failure to submit the applicable items noted above will delay the processing of your application. The Board will notify you by regular mail if any deficiencies are found on the application.



Indicate the type of license you want to reinstate/reactivate.

- ☐ Certified Public Accountant
☐ Public Accountant
☐ Registered Municipal Accountant
☐ Public School Accountant

License No. _____

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Indicate the action you wish to take.

- ☐ Reinstate to **Active** status
☐ Reinstate to **Paid Inactive** status
☐ Reactivate from **Paid Inactive** status

Date license expired/inactive: _____

Application for Reinstatement/Reactivation of Licensure

Date : _____

A nonrefundable reinstatement fee (see instructions page) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the reinstatement fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement/reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial (Maiden name)

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code)

E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

* Social Security Number: _____ - _____ - _____

* Individual Taxpayer Identification Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support (You must answer a, b, c and d.)

Please certify, under penalty of perjury, the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) If "Yes," are you in arrears in payment of said obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

Please answer all of the questions as they pertain to the time period since you were last licensed in the State of New Jersey.

7. Have you ever been disciplined or denied a certified public accountant's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No
8. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No
9. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No
10. Have you ever been named as a defendant in any litigation related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No
11. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No
12. Have you been arrested, charged or convicted of any crime or offense that you have not already reported to this Board?
☐ Yes ☐ No
13. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed.)
☐ Yes ☐ No
14. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
☐ Yes ☐ No

If the answer to any of the above questions is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired or was placed in inactive status.

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Applicant's name (please print) Applicant's signature Date

CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I, _____, in making this application to the Board for reinstatement/ reactivation of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of applicant

